JOHN ASHCROFT Governor

G. TRACY MEHAN III Director



Division of Energy Division of Environmental Quality Division of Geology and Land Survey Division of Management Services Division of Parks, Recreation, and Historic Preservation

STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY P.O. Box 176 Jefferson City, MO 65102

May 23, 1990

Mr. Joe Haake McDonnell Douglas Corporation P.O. Box 516, Mail Code 0801800 St. Louis. MO 63116

Resource Recovery Certification RR0268 Classification - U

Dear Mr. Haake:

This letter is to inform you that the Department of Natural Resources has completed the review of your certified resource recovery facility application form. After a review of your application and the supporting documents, the department hereby certifies, for hazardous waste resource recovery, McDonnell Douglas Corp., St. Louis to distill for reuse in paint and manufacturing operations spent solvent contingent upon the following conditions:

- 1. The operator shall comply with 10 CSR 25-9.010 and all plans and processes described in the certified resource recovery application.
- 2. The operator shall distill and recover only those wastes listed in the application at the designated buildings 48, 51 and 101 and in the amounts specified.
- 3. Still bottoms must be disposed of as a hazardous waste at an authorized hazardous waste management facility or a permitted hazardous waste facility. Only wastes with an as-generated energy value of greater than 5,000 BTU per pound (1b) can be used as a fuel in a fuel blending and/or burning process.

R00148142

RCRA RECORDS CENTER

Mr. Joe Haake May 23, 1990 Page 2

If you have any questions regarding compliance with your certification, please contact Mr. Wane C. Roberts at (314) 751-3176.

Sincerely,

DIVISION OF ENVIRONMENTAL QUALITY

Wicholas A. Di Pasquale, Director

Waste Management Program

NAD:mlr

Enclosure

cc: Mr. Bob Stewart, EPA Region VII

STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES



CERTIFIED RESOURCE RECOVERY FACILITY

Certification for resource recovery is issued to:

McDonnell Douglas Company

For the facility located:

St. Louis Tracts I & II Buildings 48, 51 & 101 140 McDonnell Boulevard St. Louis, MO 63166

CERTIFICATION NUMBER: __

RR0268

A copy of this certificate must be available at the facility during operation.

This certification is valid from the date signed for a period of two years, in accordance with the Certified Resource Recovery Facility Application Form approved by the department. Only wastes listed in the approved application are to be processed at this facility.

It is understood that the acceptance and use of this certification subjects the operator of the above named facility to the applicable requirements of the Missouri Hazardous Waste Management Law and the rules thereunder specifically 10 CSR 25-9.010.

This certification applies only to resource recovery facilities certified under Missouri's Hazardous Waste Management Law; it does not apply to other environmentally regulated areas.

CALLES OF WAR

May 29, 1990

Date

G. Tracy Mehan, III

Director, Department of Natural Resources

Director, Waste Management Program

RESOURCE RECOVERY FACILITY APPLICATION FORM



1. Name of Applicant McDonnell Douglas Corporation - St. Louis		
	Address P.O. Box 516, Mail Code 0801800	Phone 314-232-3319
	City St. Louis Sta	ite MO Zip Code 63166
2.	Name of Facility McDonnell Douglas Corp	oration - Tract I
	Street Address 140 McDonnell Boulevard	
	Location: nearest city or town Hazelwood	County St. Louis County
	1/4,1/4,1/4,	of section
	Township 46N Range 6E	Acreage size
	APPLICANT'S CERTI	FICATION
in to	I certify that I have personally examined and this application and believe that the informat applete. I am aware that making a false state lication is grounds for revoking the Resource be guilty of a misdemeanor and upon convictorisonment.	ion submitted is accurate and ement, or misrepresentation in this Recovery Certification. I may
	Applicant's Signature Acoko Land Owner's Signature Art 1/2	date //-27-89
	Name Robert H. Kaatman	Phone 314-895-5235
nice - I -	Address P.O. Box 516, Mail Code 0801800	
	City St. Louis	State MO Zip Code 63166
DNF	R FORM—RRA(revised 1/86)	Facility I.D. # Date Application Approved

5. Has this facility obtained "interim status" or a "permit" from the States Environmental Protection Agency? No (yes or no)					
6.	As required by 10CSR-9 of the Missouri Hazardous Waste Regulations attach the following information:				
	a) flowsheet the	rough the resource reco	very process		
•	b) quality contr	ol plan			
	c) drawings of t	the facility			
7.	List all the types of hazardous was reclaimed at this facility.	stes to be used, reused,	recovered, or		
	NAME OF HAZARDOUS VASTE	HONTHLY QUANTITY	UNITS(gal, lbs)		
	MEK or MIBK	1000	gallons		
			,		
В.	Process description:	distillation burned for fue other(describe)			
	Storage type:	drums above ground t	ank		
		below ground	tank		
		surface impou	ndment		
	* 5	other(describe			
g	Missouri Departm Waste Man P.O	lude items such as equip es, model numbers, ca e equipment is construc	oment pacities, and the cted. Failure to plication and its		

CERTIFIED RESOURCE RECOVERY FACILITY APPLICATION FORM

1. Name of Applicant McDonnell Douglas Corporation - St. Louis						
	Address P.O. Box 516, Mail Code O	Phone 314-232-3319				
	City St. Louis	State MO Zip Code 63166				
2.	Name of Facility McDonnell Dougla	s Corporation - Tract II				
	Street Address McDonnell and Airpo	ort Boulevards				
	Location: nearest city or town	Berkeley County St. Louis County				
	1/4,1/4,	1/4, of section				
	Township 46N Range 6E Acreage size					
	,					
	APPLICANT'	S CERTIFICATION				
		<u> </u>				
con app also imp	nplete. I am aware that making a folication is grounds for revoking the beguilty of a misdemeanor and upprisonment.	information submitted is accurate and false statement, or misrepresentation in this Resource Recovery Certification. I may on conviction, may be punished by fine or				
	Applicant's Signature	date 11-27-89 date 27 110089				
4.	Land Owner's Signature Robert	1. Kanton date 27 NOU89				
	Name _ Robert H. Kaatman	Phone 314-895-5235				
	Address P.O. Box 516, Mail Code 080					
	City St. Louis	State MO Zip Code 63166				
JNE	R FORM-RRA(revised 1/86)	Facility I.D. # Date Application Approved				

atus" or a "permit" cy? No (yes or no buri Hazardous Waste gh the resource recov blan facility to be used, reused. HONTHLY QUANTITY 1000	Regulations very process
to be used, reused.	recovered, or UNITS(gal, lbs)
facility to be used, reused,	recovered, or UNITS(gal, lbs)
facility to be used, reused. MONTHLY QUANTITY	UNITS(gal, lbs)
to be used, reused,	UNITS(gal, lbs)
HONTRLY QUANTITY	UNITS(gal, lbs)
1000	gallons
<u>/</u>	×- =
	8
distillation burned for fuel other(describe)	
below ground to	ank ndment
e items such as equipment is construction an incomplete appoint of Natural Resource	pacities, and the sted. Failure to slication and its

P.O. Box 176

Jefferson City, MO 65102

CERTIFIED RESOURCE RECOVERY FACILITY APPLICATION FORM 3 (2)

P.U. Box 516, Mail Code 0801800	ation - St. Louis
Address — — — — — — — — — — — — — — — — — —	Phone 314-232-3319
City St. Louis Sta	te MO Zip Code 63166
2. Name of Facility McDonnell Douglas Corpora	tion - Tract I
Street Address 140 McDonnell Boulevard	
Location: nearest city or town Hazelwood	County St. Louis County
1/4,1/4,1/4,	of section
Township 46N Range 5E	Acreage size
	PECEIVED
APPLICANT'S CERTIF	FICATION DEC 1 - 1989
B. I certify that I have personally examined and nothing application and believe that the informate complete. I am aware that making a false state application is grounds for revoking the Resource also be guilty of a misdemeanor and upon conviction mprisonment.	ion submitted is accurate and ment, or misrepresentation in this Recovery Certification. I may
, ,	•
Applicant's Signature Se Hacke	
Applicant's Signature Robert H. Kaatman	date 27 NOV 89
. Land Owner's Signature Robert He Ka	
Name Robert H. Kaatman	date 27 NOV 89

5.	Has this facility obtained "interim status" or a "permit" from the United States Environmental Protection Agency? No (yes or no)				
6.	As required by 10CSR-9 of the Missouri Hazardous Waste Regulations attach the following information:				
	a) flowsheet throu	igh the resource reco	very process		
•	b) quality control plan				
	c) drawings of the	facility			
	, ,	, <u> </u>			
7.	7. List all the types of hazardous wastes to be used, reused, recovered, or reclaimed at this facility.				
	NAME OF HAZARDOUS WASTE	HONTHLY QUANTITY	UNITS(gal, lbs)		
	Tetrachloroethylene	500	gallons		
			ž		
	Process description: adsorbtion with desorbtion steam strip	distillation burned for fuel other(describe)			
śl	adsorbcion with desorbcion steam strit	pring co a condenser	nazo i se e a litero i		
	Starage type	drums			
	Storage type:				
		above ground tank			
		below ground tank			
		surface impoundment other(describe) Liqua-bins,			
		∟× other(describe)	Liqua-bins,		
portable tanks, 345-gallon capacity					
9	recovery process. Be sure to include manufactures' names and addresses, kinds of materials from which the elinclude this information will result return to you.	e items such as equip model numbers, ca equipment is construc in an incomplete app	proment pacities, and the sted. Failure to slication and its		
	RETURN COMPLETED INFORMATION TO:				
	Missouri Department of Natural Resources				

Missouri Department of Natural Resources
Waste Management Program
P.O. Box 176
Jefferson City, MO 65182